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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously Washington DC 20036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2011 05 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 07 14 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule : F3XA

Amended to reflect refund of personal contribution to PAC not reported on 2010 Year End report.

Transaction ID:

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D " D 05 0 1 2011 0.5 3 1 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 253762.79 January 1 (b) Cash on Hand at 240192.98 Begining of Reporting Period ..... 65434.66 192712.06 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 305627.64 446474.85 6(a) and 6(c) for Column B) ..... 35555.37 176402.58 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 270072.27 270072.27 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed

the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

м м 0 5 0 1 м°м 0 5 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 51269.17 143409.60 (i) Itemized (use Schedule A) ...... 14091.97 46944.39 (ii) Unitemized ..... (iii) TOTAL (add 65361.14 190353.99 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 65361.14 190353.99 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 73.52 2358.07 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 65434.66 192712.06 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 65434.66 192712.06 (subtract Line 18(c) from Line 19) .....

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul> </li> </ol>	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	1055.37	2902.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1055.37	2902.58
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political CommitteesIndependent Expenditure	34500.00	173500.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35555.37	176402.58
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	35555.37	176402.58

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	65361.14	190353.99
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	65361.14	190353.99
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1055.37	2902.58
37.	Offsets to Operating Expenditures (from Line 15, page 3)	73.52	2358.07
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	981.85	544.51

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Christine S Albrecht, MD Mailing Address 1513 4th St NE City Staples	State MN	Zip Code 56479-3218	Date of Receipt    M M M
FEC ID number of contributing federal political committee.	C	30470 0210	365.00
Name of Employer Lakewood Health System  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		]
Full Name (Last, First, Middle Initial)  Kurt Bradley Angstman, MD  Mailing Address 1697 Century Valle	y Rd NE		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1287425
Rochester MN		55906-7708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Mayo Clinic	Occupatio Physicial	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Brian L Bachelder, MD	<b>'</b>		Date of Receipt
Mailing Address 570 Rotunda Ave			05 23 2011
City	State	Zip Code	Transaction ID: C1291392
Akron  FEC ID number of contributing federal political committee.	OH C	44333-2648	Amount of Each Receipt this Period  365.00
Name of Employer Akron General Medical Cen- ter	Occupatio Physicial	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	]
SUBTOTAL of Receipts This Page (optional	ال		1095.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Sally Noreen Bachofer, MD			Date of Receipt
	Mailing Address 3323 Santa Clara Ave	e SE		05 06 7 2011
	City Albuquerque	State NM	Zip Code 97106 1520	Transaction ID: C1285343
	FEC ID number of contributing federal political committee.	C	87106-1530	Amount of Each Receipt this Period 500.00
	Name of Employer University of New Mexico	Occupation Family P		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Norma E Bachoura, MD Mailing Address 150 W Foothill Blvd	1		Date of Receipt
				05 16 2011
	City	State	Zip Code	Transaction ID: C1288678
	San Dimas  FEC ID number of contributing federal political committee.	CA	91773-1102	Amount of Each Receipt this Period  300.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
C.	Full Name (Last, First, Middle Initial) Dustin Riley Baker, MD	1		Date of Receipt
	Mailing Address 3529 NW 174th St			0 5 1 0 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1287374
	Edmond  FEC ID number of contributing federal political committee.	OK OK	73012-6732	Amount of Each Receipt this Period  1000.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1800.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for c	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	nerican Academy of Family Physicia	ans Political	Action Committee	
A. Fred	Name (Last, First, Middle Initial) deric Baker, MD			Date of Receipt
	ling Address 32 Mark Cir	Ctata	7in Code	05 24 2011
City Ho	lden	State MA	Zip Code 01520-1410	Transaction ID: C1291732  Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	01020 1410	50.00
Nan UM	ne of Employer MHC	Occupatio Physicia		
Rec	ceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) lichael Baxter, MD	1		Date of Receipt
	ling Address 301 S 7th Ave Ste 200			05 17 2011
City	est Reading	State PA	Zip Code	Transaction ID: C1289479
FEC	C ID number of contributing eral political committee.	C	19611-1410	Amount of Each Receipt this Period  365.00
Nan Rea <u>Cer</u>	ne of Employer ading Hospital & Medical nter	Occupatio Physicia		
Rec	eeipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	]
	Name (Last, First, Middle Initial) y Laura Bean, MD			Date of Receipt
	ling Address 706 Kentucky Ave			05 22 7 2011
City	, ınal Mountain	State TN	Zip Code 37377-2226	Transaction ID: C1291374
FEC	C ID number of contributing eral political committee.	C	37377-2220	Amount of Each Receipt this Period  365.00
Nan Erla	ne of Employer anger Hospital	Occupatio Physicia		
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBT	OTAL of Receipts This Page (optional)			780.00
	L This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 63 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin M Bernstein Mailing Address 121 Stonegate VIg			Date of Receipt  0 5 1 1 2 0 1 1
City Quakertown	State PA	Zip Code 18951-2342	Transaction ID: C1288164
FEC ID number of contributing federal political committee.	C	10931-2342	Amount of Each Receipt this Period 500.00
Name of Employer I WISH Receipt For:	Occupatio Medical	Student	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Janalynn Fish Beste, MD Mailing Address 2523 Delaney Rd			Date of Receipt  0 5 1 7 2 0 1 1
City	State	Zip Code	Transaction ID: C1289137
Wilmington	NC	28403-6003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Univ of NC - Chapel Hill Dept of Famil Receipt For:	Occupatio Physicia	n	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Wendy S Biggs, MD			Date of Receipt
Mailing Address 11400 Tomahawk Cr	reek Pkwy		05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1286855
Leawood	KS	66211-2680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		165.00
Name of Employer AAFP	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)	<b>'</b>		965.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD Mailing Address 4407 Leedy Rd			Date of Receipt    M   M   D   D     Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: C1299505
	Kingsport  FEC ID number of contributing federal political committee.	C	37664-2117	Amount of Each Receipt this Period  100.00
	Name of Employer East Tennessee State University Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physicial Aggregate		
Б.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD Mailing Address 830 Arbor Ln			Date of Receipt  0 5 1 7 2 0 1 1
	City	State	Zip Code	Transaction ID: C1289122
	Glenview	IL	60025-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Family Medicine Associates of Lutheran Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Physicia Aggregate		
С.	Full Name (Last, First, Middle Initial) David Adam Carlyle, MD  Mailing Address PO BOX 3014 2309 Buchanan Dr			Date of Receipt  0 5 1 2 2 0 1 1
	City	State	Zip Code	Transaction ID: C1288202
	Ames	IA	50010-3014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Family Medicine East	Occupation Physicia	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)			2850.00
T	TOTAL This Period (last page this line numbe	er only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ians Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Cory D Carroll, MD	)		Date of Receipt
	Mailing Address 1040 E Elizabeth St S	ote 2		05 17 2011
	City	State	Zip Code	Transaction ID: C1289120
	Fort Collins	CO	80524-3952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
. –	Full Name (Last, First, Middle Initial) John R Carroll, MD	1		Date of Receipt
	Mailing Address 2226 Ashwood Dr			05 / 11 / 2011
	City	State	Zip Code	Transaction ID: C1288168
	Carroll	IA	51401-3413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer McFarland Clinic	Occupation Physicia	n	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
. –	Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD			Date of Receipt
	Mailing Address PO BOX 506			05 02 YYYY 2011
	City	State	Zip Code	Transaction ID: C1293049
	Huntingdon	TN	38344-0506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
				650.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 63 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	d Statements may not be sold or used by any personant the name and address of any political committee to cians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD  Mailing Address PO BOX 506  City Huntingdon  FEC ID number of contributing	State Zip Code TN 38344-0506	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Physician  Aggregate Year-to-Date   500.00	]
Full Name (Last, First, Middle Initial) Yushu Jack Chou, MD  Mailing Address 2691 E California Bl	vd	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: C1287476
San Marino	CA 91108-1404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Southern California Permanente Medical Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date  365.00	
Full Name (Last, First, Middle Initial) Eric D Clark, MD		Date of Receipt
Mailing Address 4185 Seton Cir		0 5 1 3 2 0 1 1
City	State Zip Code	Transaction ID: C1288510
Palm Harbor	FL 34683-1715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	182.50
Name of Employer Retired	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SURTOTAL of Receipts This Page (entional	)	647.50

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Deborah S Clements, MD  Mailing Address 10529 Walmer St			Date of Receipt
			7: 0.1	05 10 2011
	City <u>Overland Park</u>	State KS	Zip Code 66212-1886	Transaction ID: C1287428  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00212 1000	365.00
	Name of Employer University of Kansas Medi- cal Center	Occupation Program	on Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Б.	Full Name (Last, First, Middle Initial) Patrick J Connolly, MD	1		Date of Receipt
	Mailing Address PO BOX 9746			05 11 2011
	City	State	Zip Code	Transaction ID: C1288203
	Portland  FEC ID number of contributing federal political committee.	ME C	04104-5040	Amount of Each Receipt this Period  365.00
	Name of Employer Martin's Point Health Care	Occupation Family F	on Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
с. С.	Full Name (Last, First, Middle Initial) Lisa Leigh Corum, MD			Date of Receipt
	Mailing Address 11501 Redwood Way			05 11 YYYY 2011
	City	State	Zip Code	Transaction ID: C1288156
	Louisville FEC ID number of contributing federal political committee.	C	40223-2362	Amount of Each Receipt this Period  365.00
	Name of Employer BaptistHealthcare	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1095.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the (crieck only only)
C C	Any information copied from such Reports and surfor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	American Academy of Family Physici	ans Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD		Date of Receipt
	Mailing Address 900 Ne 10Th St		05 16 2011
	City Oklahoma City	State Zip Code OK 73104-5420	Transaction ID: C1299503
	FEC ID number of contributing federal political committee.	C 73104-3420	Amount of Each Receipt this Period  333.33
	Name of Employer University of Oklahoma	Occupation Physician Faculty	
	Receipt For:  Primary General  Other (specify) ▼		666.65
— В.	Full Name (Last, First, Middle Initial) Douglas W Curran, MD Mailing Address 117 Medical Cir		Date of Receipt
	011		05 10 2011
	City Athens	State Zip Code TX 75751-9003	Transaction ID: C1287396
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
	Name of Employer Lakeland Medical Accociat- es	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
_ C.	Full Name (Last, First, Middle Initial) Jose M David, MD		Date of Receipt
	Mailing Address 804 Huntington Ct		05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Albany	State Zip Code NY 12203-6015	Transaction ID: C1285850
	FEC ID number of contributing federal political committee.	C 12203-0013	Amount of Each Receipt this Period 625.00
	Name of Employer Prime Care Physicians PL- LC	Occupation Family Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	625.00
	SUBTOTAL of Receipts This Page (optional) .	1	1458.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 63 (check only one)    X   11a
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physicia	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dennon W Davis, MD			Date of Receipt
	Mailing Address 502 W Saint Louis St			05 / 02 / 2011
	City	State	Zip Code	Transaction ID: C1279120
	West Frankfort	<u>IL</u>	62896-1968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Logan Primary Care LLC	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
— В.	Full Name (Last, First, Middle Initial) Joe D Davison, MD	1		Date of Receipt
	Mailing Address 8200 W Central Ave			05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1286861
	Wichita	KS	67212-9503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer West Wichita Family Physi- cians, PA	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General  Other (specify) ▼		365.00	
_ C.	Full Name (Last, First, Middle Initial) R Wesley Dean, MD			Date of Receipt
	Mailing Address 201 E Emory Rd			05 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1292905
	Powell	TN	37849-4016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Summit Medical Group, PLLC	Occupatio Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1095.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 63 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Family Phys	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) George P Dempsey, MD Mailing Address 7 Church St			Date of Receipt
City East Hampton	State NY	Zip Code 11937-2413	Transaction ID: C1288215  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer George Dempsey MD, PC  Receipt For: Primary General	Occupation Physician Aggregate Y	'ear-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0 0	300.00	
Daniel J Derksen, MD  Mailing Address 306 Big Horn Ridge	PI NE		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: C1287358
Albuquerque	NM	87122-1446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer University of New Mexico	Occupation Physician	_	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Heidi Miller Duncan, MD	•		Date of Receipt
Mailing Address 2675 Central Ave			05 10 2011
City	State	Zip Code	Transaction ID: C1287411
Billings FEC ID number of contributing	MT	59102-6686	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer Deaconess Billings Clinic	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona			1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 18 / 63 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic			
Full Name (Last, First, Middle Initial) Rachel A English, MD  Mailing Address 1825 N 74th St  City Milwaukee  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	· ·	Code 13-2219 Date ▼	Date of Receipt  M M M O S O S O S O S O S O S O S O S O
Full Name (Last, First, Middle Initial) Rachel A English, MD Mailing Address 1825 N 74th St  City Milwaukee  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Code :13-2219 Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C1288222  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial) Thomas Allen Felger, MD  Mailing Address 51181 Kings Xing  City Granger  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Code 30-8812 Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 63 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	d Statements may not be sold or used by any per the name and address of any political committee icians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Michael L Fessenden, Fessenden  Mailing Address 2003 W Fulton St S  Chicago	te 3	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60612-2365	Transaction ID: C1287394  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Home Physicians	Occupation CMO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) James G Fieseher, MD Mailing Address 330 Borthwick Ave S	Ste 210	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1287397
Portsmouth	NH 03801-7111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Wanda D Filer, MD		Date of Receipt
Mailing Address 510 Aqua Ct		05 14 YYYY 2011
City	State Zip Code	Transaction ID: C1288663
York  FEC ID number of contributing federal political committee.	PA 17403-3623	Amount of Each Receipt this Period 350.00
Name of Employer Strategic Health Institute	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 63 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Family Phys	the name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael O Fleming, MD Mailing Address 556 Dunmoreland D	Dr .	Date of Receipt
City Shreveport FEC ID number of contributing	State Zip Code LA 71106-6125	Transaction ID: C1279124  Amount of Each Receipt this Period
federal political committee.  Name of Employer Amedisys, Inc	Occupation Chief Medical Officer	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	0 0
Full Name (Last, First, Middle Initial) Conrad L. Lloyd Flick, MD  Mailing Address 103 Greenway Ove	rlook	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1286839
Cary	NC 27518-9053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Family Medical Associates of Raleigh Receipt For: Primary General	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	
Other (specify) ▼  Full Name (Last, First, Middle Initial) John W Fowler, MD		Date of Receipt
Mailing Address PO Box 308 203 Watson Suite 2		0 5 1 1 Y Y Y Y Y
City	State Zip Code	Transaction ID: C1288181
Pratt  FEC ID number of contributing federal political committee.	KS 67124-0308	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optiona	l)	1615.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 63   (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Jennifer Emma Frank, MD			Date of Receipt
Mailing Address 1380 Lusitana St S	te 904		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Honolulu	State HI	Zip Code 96813-2448	Transaction ID: C1288219  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1	365.00
Name of Employer University of Hawaii	Occupatio Physicial		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Joshua Freeman, MD			Date of Receipt
Mailing Address 604 Shawnee Rd			M M / D D / Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: C1288184
Kansas City  FEC ID number of contributing federal political committee.	C	66103-1236	Amount of Each Receipt this Period  365.00
Name of Employer Univ. of KS School of Med-	Occupatio Physicia		
icine Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Linda Marie French, MD			Date of Receipt
Mailing Address 25196 Rocky Harbo	our Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1287388
Perrysburg  FEC ID number of contributing federal political committee.	ОН	43551-7619	Amount of Each Receipt this Period 365.00
Name of Employer University of Toledo	Occupatio Chair, De	n ept of FM	
Receipt For:	<del> </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
			1095.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 63 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edward M Friedler, MD			Date of Receipt
Mailing Address 4905 Tarheel Way		7: 0.1	05 03 2011
City <u>Annandale</u>	State VA	Zip Code 22003-4460	Transaction ID: C1283504
FEC ID number of contributing federal political committee.	C	22003-4400	Amount of Each Receipt this Period  500.00
Name of Employer Annandale Family Medicine, PC	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carolyn N Gaughan, CAE  Mailing Address E Dir KS AFP Bldg	1046 C		Date of Receipt
7570 W 21st St N 1	046C		05 10 2011
City	State	Zip Code	Transaction ID: C1287429
Wichita	KS	67205-1734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Kansas Academy of Family Physicians	Occupation Chapter I		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Daron W Gersch, MD			Date of Receipt
Mailing Address 310 Golfview Dr			M M / D D / Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: C1287483
Albany	MN	56307-9315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Albany Area Hospital & Me- d. Center	Occupation Physician	<u> </u>	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional			1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 63 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Physicia	ns Political	Action Committee	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
Mailing Address 1600 Providence Dr			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C1299506
Waco	TX	76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer Family Practice Center	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2083.35	
Full Name (Last, First, Middle Initial) Robert Graham, MD			Date of Receipt
Mailing Address 3255 Eden Ave Ste 141	1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1288240
Cincinnati	ОН	45267-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Cinnicinatti	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John Allan Gross, MD			Date of Receipt
Mailing Address 591 41st Ave NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1288188
Saint Petersburg	FL	33703-5005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer St. Anthony's Primary Care	Occupatio Physicial		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			1031.67

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 63 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Academy of Family Physic	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lesca C Hadley, MD  Mailing Address 11016 County Road	1236		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cleburne  FEC ID number of contributing federal political committee.	State TX	Zip Code 76033-8318	Transaction ID: C1288192  Amount of Each Receipt this Period  365.00
Name of Employer John Peter Smith Hospital Physicians G Receipt For:  Primary  General  Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) David J Hagan, MD Mailing Address 222 N Sangamon Av	/e		Date of Receipt  0 5 1 1 2 0 1 1
City  Gibson City  FEC ID number of contributing federal political committee.	State IL C	Zip Code 60936-1345	Transaction ID: C1288194  Amount of Each Receipt this Period  400.00
Name of Employer Gibson City Clinic  Receipt For:  Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
Full Name (Last, First, Middle Initial) Mary Nolan Hall, MD Mailing Address PO BOX 32861			Date of Receipt
City Charlotte  FEC ID number of contributing federal political committee.	State NC	Zip Code 28232-2861	Transaction ID: C1288204  Amount of Each Receipt this Period  365.00
Name of Employer Carolina Healthcare System  Receipt For:  Primary General  Other (specify) ▼	Occupatio Physician Aggregate		
SUBTOTAL of Receipts This Page (optional)			1130.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 63 (check only one)    X
Any information copied from such Reports and Stor for commercial purposes, other than using the information of the such as the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physicial	ns Political	Action Committee	
Full Name (Last, First, Middle Initial) R Scott Hammond, MD			Date of Receipt
Mailing Address 8601 Turnpike Dr Unit 2	200		05 03 YYYY 2011
City	State	Zip Code	Transaction ID: C1281783
Westminster	CO	80031-7044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Westmed Primary Care	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jeffrey Allen Harwood, MD			Date of Receipt
Mailing Address PO BOX 125 187 West Main Street			05 10 Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1287390
New London	OH	44851-0125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Harvey Jay Hashimoto, Hashimoto			Date of Receipt
Mailing Address 2715 W Kettleman Ln Ste 203-331			05 03 7 9 9 1
City	State	Zip Code	Transaction ID: C1283216
Lodi	CA	95242-9289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		240.00
Name of Employer Self Employed	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)			1105.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 63 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee	
Full Name (Last, First, Middle Initial) Lori J Heim, MD  Mailing Address 250 Hollybrook Far  City Vass  FEC ID number of contributing federal political committee.  Name of Employer Scotland Memorial Hospital  Receipt For: Primary General		Date of Receipt    M   M   28   2011    Transaction ID: C1293053    Amount of Each Receipt this Period   416.67
Other (specify) ▼  Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD  Mailing Address PO BOX 5039  City Sioux Falls  FEC ID number of contributing	State Zip Code SD 57117-5039	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Sioux Valley Health Systems Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date  1125.00	
Full Name (Last, First, Middle Initial) Thomas C Hines, MD  Mailing Address 10 Whittemore St  City Arlington  FEC ID number of contributing federal political committee.	State Zip Code MA 02474-6602	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 1 1 2 0 1 1  Transaction ID: C1288185  Amount of Each Receipt this Period  365.00
Name of Employer Boston Medical Center  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate Year-to-Date   365.00	
SUBTOTAL of Receipts This Page (optional	i)	1006.67

ITEMIZED RECEIPTS for each		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 63 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Physicia	ns Political	Action Committee	
Full Name (Last, First, Middle Initial) Beulette Y Hooks, MD			Date of Receipt
Mailing Address 7286 E Wynfield Loop			05 10 2011
City	State	Zip Code	Transaction ID: C1286843
Midland	GA	31820-3925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer DOD	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Elvin C Irvin. MD			Date of Receipt
Mailing Address 555 E Cheves St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1288689
Florence	SC	29506-2617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Baptist Health Care	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Samuel M Jones, MD			Date of Receipt
Mailing Address 10145 Community Ln			05 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1286858
Fairfax Station	VA	22039-2530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VCU-Fairfax Family Practi- ce Center	Occupation Family P		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			915.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 63 (check only one)  X 11a 11b 11c 12
	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Carla Lee Kakutani, MD		Date of Receipt
Mailing Address 438 Abbey St	7:01	05 10 2011
City Winters	State Zip Code CA 95694-1837	Transaction ID: C1287412
FEC ID number of contributing federal political committee.	CA 93094-1637	Amount of Each Receipt this Period  1500.00
Name of Employer Sutter Medical Group	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial) Vincent D Keenan, CAE		Date of Receipt
Mailing Address Exec Vice President 4756 Main St		05 / 10 / 2011
City	State Zip Code	Transaction ID: C1286840
Lisle FEC ID number of contributing federal political committee.	IL 60532-1724	Amount of Each Receipt this Period 400.00
Name of Employer Illinois Academy of Family Physicians	Occupation Association Exec.	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Rick Kellerman, MD		Date of Receipt
Mailing Address 1010 N Kansas St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1281807
Wichita FEC ID number of contributing federal political committee.	KS 67214-3124	Amount of Each Receipt this Period
Name of Employer Kansas University School of Medicine	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	)	2900.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD			Date of Receipt
	Mailing Address 6502 62Nd Street Ct V  City	V State	Zip Code	0 5 2 8 2 0 1 1 Transaction ID: C1293050
	University Place  FEC ID number of contributing federal political committee.	C	98467-4954	Amount of Each Receipt this Period 50.00
	Name of Employer Multicare Health System  Receipt For:  Primary General  Other (specify) ▼	<del>, '                                   </del>	on Physician e Year-to-Date ▼ 250.00	]
В.	Full Name (Last, First, Middle Initial) James Darrel King, MD  Mailing Address 1 Prime Care Dr			Date of Receipt  0 5
	City	State	Zip Code	Transaction ID: C1293066
	Selmer	TN	38375-1864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Primecare Medical Center	Occupation Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4000.00	
C.	Full Name (Last, First, Middle Initial) Anne L Kittendorf, MD			Date of Receipt
	Mailing Address 999 Marshall Lakes Dr	05 11 2011		
	City Dexter	State MI	Zip Code	Transaction ID: C1288161
	FEC ID number of contributing federal political committee.	C	48130-8410	Amount of Each Receipt this Period  365.00
	Name of Employer University of Michigan	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1415.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 63 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>4.</b>	Full Name (Last, First, Middle Initial) Laura C Knobel, MD Mailing Address 3 Freedom Way			Date of Receipt  0 5 1 7 2 0 1 1
	City Walpole	State MA	Zip Code 02081-2290	Transaction ID: C1289121  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physicia Aggregate		
- 3.	Full Name (Last, First, Middle Initial) Russell Wade Kohl, MD  Mailing Address 113 Park Terrace	1		Date of Receipt  0 5 0 5 2 0 1 1
	City	State	Zip Code	Transaction ID: C1285037
	Vinita  FEC ID number of contributing federal political committee.	OK C	74301-2717	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) Stanley M Kozakowski, MD Mailing Address 2100 Wescott Dr	1		Date of Receipt    M
	City	State	Zip Code	Transaction ID: C1286859
	Flemington	NJ	08822-4603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Hunterdon Medical Center	Occupation Residence	on cy Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1015.00
Ī	TOTAL This Period (last page this line number	only)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	American Academy of Family Physicia	ans Political	Action Committee	
Α	Full Name (Last, First, Middle Initial)  Jerry E Kruse, MD  Mailing Address (ALCAN LATE OF COLUMN)			Date of Receipt
	Mailing Address 612 N 11Th St Ste B  City	State	Zip Code	0 5 1 0 2 0 1 1 Transaction ID: C1287399
	Quincy	IL	62301-2662	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Southern Illinois Univers- ity	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	]
В.	Full Name (Last, First, Middle Initial) Anton J Kuzel, MD Mailing Address PO BOX 980251	1		Date of Receipt
				05 11 2011
	City	State	Zip Code	Transaction ID: C1288195
	Richmond	VA	23298-0251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Virginia Commonwealth Uni- versity	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Carol A LaCroix, MD	1		Date of Receipt
	Mailing Address 6623 Glenwood Rd			0 5 1 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1288162
	Omaha	NE	68132-1123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer UNMC Physicians	Occupatio Family P	hysician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
sı	JBTOTAL of Receipts This Page (optional)		<b>.</b>	1095.00
	OTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 63 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
٠.	Full Name (Last, First, Middle Initial) Bruce M LeClair, MD	<b>5</b>		Date of Receipt
	Mailing Address 5088 Windmill Lake [	05 10 2011		
	City	State	Zip Code	Transaction ID: C1286842
	Evans	GA	30809-6612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Medicl College of Georgia	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Jay Won Lee, MD			Date of Receipt
	Mailing Address 4211 Calhoun Dr	05 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C1287475
	Huntington Beach	CA	92649-3037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			365.00
	Name of Employer UC Irvine School of Medic- ine	Occupation Associated	e Clinical Professor	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Daniel Scott Lewis, MD			Date of Receipt
	Mailing Address 438 E Vann Rd Ste 1	05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C1293064
	Greeneville	TN	37743-7202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Takoma Medical Associates  Occupation Physicia			100.00
			n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
Г				1465.00

A. Internation copied from such Reports and Statements may not be sold or used by any person for the purpose of selecting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  A. Internation Academy of Family Physicians Political Action Committee  A. Internation Academy of Family Physicians Political Action Committee  A. Internation Academy of Family Physicians Political Action Committee  A. Internative Funder, MD  Mailing Address 1 Prime Care Dr  City State Zip Code  Selmer TN 38375-1864  FEC ID number of contributing federal political committee.  Name of Employer Medical Center  Primary General Other specify Primary General Other specific Primary	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 63 (check only one)    X	
Mailing Address 1 Prime Care Dr	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions	
FEC ID number of contributing federal political committee.  Name of Employer Primetare Medical Group Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician  Receipt For: Aggregate Year-to-Date ▼ Occupation Physician Occupation Occupation Physician Occupation Occupation Physician Occupation Occupation Physician Occupation Occupation Physician Occupation Occupation Occupation Physician Occupation Occup	Mailing Address 1 Prime Care Dr  City		·	0 5 3 0 2 0 1 1 Transaction ID: C1293065	
Receipt For:  Primary General Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD  Mailing Address 615 S Mill St  City State Zip Code Fergus Falls MN 56537-2756  FEC ID number of contributing federal political committee.  Name of Employer Lake Region Medical Group Receipt For: Primary General Other (specify) ▼  City State Zip Code Physician Receipt For: Primary General Other (specify) ▼  City State Zip Code Physician  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C1299502  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C1287381  Amount of Each Receipt  Date of Receipt  Date of Receipt  Transaction ID: C1287381  Amount of Each Receipt this Period  Date of Receipt  Date of Recei	FEC ID number of contributing		303/3-1804	Amount of Each Receipt this Period	
Aggregate Year-to-Date  Full Name (Last, First, Middle Initial)  Jesus L Lizarzaburu, MD  Mailing Address 101A York Crossing Rd  City  State Zip Code MN 56537-2756  FEC ID number of contributing federal political committee.  Name of Employer Lake Region Medical Group  Full Name (Last, First, Middle Initial)  Jesus L Lizarzaburu, MD  Mailing Address 101A York Crossing Rd  City  Yorktown  FEC ID number of contributing federal political committee.  Cocupation Physician  Full Name (Last, First, Middle Initial)  Jesus L Lizarzaburu, MD  Mailing Address 101A York Crossing Rd  City  Yorktown  FEC ID number of contributing federal political committee.  Name of Employer TPMG Grafton Family Practice Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Physician  Aggregate Year-to-Date ▼  Physician  Aggregate Year-to-Date ▼  Physician  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	Receipt For: Primary General	Physicia	n e Year-to-Date ▼	]	
Transaction ID: C1299502  Fergus Falls  MN 56537-2756  FEC ID number of contributing federal political committee.  Name of Employer Lake Region Medical Group  Primary General Other (specify) ▼  Name of Employer TPMG Grafton Family Practice  Name of Employer TPMG Grafton Family Practice  Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C1299502  Amount of Each Receipt this Period  Agoregate Year-to-Date ▼  Date of Receipt  Transaction ID: C1299502  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C129502  Amount of Each Receipt  Transaction ID: C129502  Amount of Each Receipt this Period  Transaction ID: C129502  Amount of Each Receipt this Period  Transaction ID: C129502  Amount of Each Receipt this Period  Transaction ID: C129502  Amount of Each Receipt  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C1287381  Amount of Each Receipt  Aggregate Year-to-Date  Aggregate Year-to-Date  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C1287381  Amount of Each Receipt this Period  Transaction ID: C1287381  Amount of Each Receipt this Period	Patricia Jean Lindholm, MD	•		M M / D D / Y Y Y Y	
FEC ID number of contributing federal political committee.  Name of Employer Lake Region Medical Group  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jesus L Lizarzaburu, MD  Mailing Address 101A York Crossing Rd  City State Zip Code  Yorktown  FEC ID number of contributing federal political committee.  Name of Employer TPMG Grafton Family Practice Receipt For:  Primary General Other (specify) ▼  Occupation Physician  Aggregate Year-to-Date ▼  Transaction ID: C1287381  Amount of Each Receipt this Period Sa65.00	City	State	Zip Code		
Name of Employer Lake Region Medical Group  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Jesus L Lizarzaburu, MD  Mailing Address 101A York Crossing Rd  City State Zip Code YORKtown VA 23692-2737  FEC ID number of contributing federal political committee.  Name of Employer TPMG Grafton Family Practice Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: C1287381  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Occupation Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Occupation Physician  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼	Fergus Falls	MN	56537-2756	Amount of Each Receipt this Period	
Receipt For:		C		100.00	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Jesus L Lizarzaburu, MD  Mailing Address 101A York Crossing Rd  City State Zip Code Yorktown VA 23692-2737  FEC ID number of contributing federal political committee.  Name of Employer TPMG Grafton Family Practice Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		Physicia	n		
Jesus L Lizarzaburu, MD  Mailing Address 101A York Crossing Rd  City State Zip Code Yorktown VA 23692-2737  FEC ID number of contributing federal political committee.  Name of Employer TPMG Grafton Family Practice Receipt For:  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: C1287381  Amount of Each Receipt this Period  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Primary General	Aggregate		]	
City	Jesus L Lizarzaburu, MD	<b>.</b>		Date of Receipt	
Yorktown  VA 23692-2737  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer TPMG Grafton Family Practice Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  365.00	Mailing Address 101A York Crossin	Mailing Address 101A York Crossing Rd			
FEC ID number of contributing federal political committee.  Name of Employer TPMG Grafton Family Practice Receipt For: Primary General Other (specify)  Occupation Physician Aggregate Year-to-Date  365.00	-		•		
ice Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date  Aggregate Year-to-Date  365.00	FEC ID number of contributing		23692-2737	Amount of Each Receipt this Period  365.00	
Primary General Other (specify) ▼  365.00	ice	Physicia	n		
	Primary General	Aggregate			
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (options	al)		1465.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 63 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	Statements may not be sold or used by any person name and address of any political committee to cians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Geoffrey L Loman, MD Mailing Address 168 N Brent St Ste 5  City Ventura	02 State Zip Code CA 93003-2840	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer Brent Street Family Practice Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  500.00	500.00
Full Name (Last, First, Middle Initial) Leah Raye R Mabry, MD  Mailing Address 339 S Presa St  City	State Zip Code	Date of Receipt  0 5 2 1 2 0 1 1  Transaction ID: C1291360
San Antonio  FEC ID number of contributing federal political committee.  Name of Employer Christus Health Care  Receipt For:  Primary General Other (specify) ▼	TX 78205-3425  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Kevin B Martin, MD  Mailing Address 2903 219th Ave E  City Lake Tapps	State Zip Code WA 98391-5634	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer Sound Family Medicine  Receipt For:  Primary General	Occupation Physician Aggregate Year-to-Date	100.00
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	500.00	700.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\[ \]	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Landrum I McCarrell, MD  Mailing Address PO BOX 489			Date of Receipt
	9 McElhaney Rd			05 12 2011
	City	State	Zip Code	Transaction ID: C1288227
	Travelers Rest	SC	29690-0489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Greenville Health Corp.	Occupation Physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Timothy R McCurry, MD	•		Date of Receipt
	Mailing Address 1420 Garden St	05 11 7 2011		
	City	State	Zip Code	Transaction ID: C1288186
	Park Ridge	<u>IL</u>	60068-3802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Resurrection Medical Cent- er	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
с. С.	Full Name (Last, First, Middle Initial) Howard C McMahan, MD			Date of Receipt
	Mailing Address PO Box 779			0 5 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1287372
	Ocilla	GA	31774-0779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00	]
	SUBTOTAL of Receipts This Page (optional)	1		1115.00
ŀ	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 63 (check only one)    X			
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee				
Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289  City Brent FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code AL 35034-0289  C Occupation	Date of Receipt    M			
Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  500.00				
Full Name (Last, First, Middle Initial) John S Meigs, MD  Mailing Address PO BOX 289		Date of Receipt    M			
City					
Brent	AL 35034-0289	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer Self Employed	Occupation Physician				
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289		Date of Receipt  0 5 2 0 2 0 1 1			
City	State Zip Code	Transaction ID: C1289735			
Brent	AL 35034-0289	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer Self Employed	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (antion)	al)	75.00			

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 63 (check only one)    X
or for comm	tion copied from such Reports and lercial purposes, other than using th OF COMMITTEE (In Full) an Academy of Family Physic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ne (Last, First, Middle Initial) leigs, MD Address PO BOX 289			Date of Receipt
City Brent	10 BOX 200	State AL	Zip Code 35034-0289	Transaction ID: C1291396  Amount of Each Receipt this Period
	number of contributing olitical committee.	C		25.00
Receipt	Employer ployed  For: mary General	Occupation Physicial Aggregate		
Ot	her (specify)   e (Last, First, Middle Initial)	0 0	500.00	
Mailing A	Meyer, MD Address 7401 E Speedway Blv Apt 13205			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City		State	Zip Code	Transaction ID: C1287424
	number of contributing olitical committee.	C	85710-1572	Amount of Each Receipt this Period 500.00
Name of Univ of A	Employer Arizona	Occupatio Physicia		
	For: mary General her (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
Full Nam Gary D M Mailing A				Date of Receipt  0 5 0 3 2 0 1 1
City		State	Zip Code	Transaction ID: C1281991
	onumber of contributing olitical committee.	FL C	32806-6341	Amount of Each Receipt this Period  365.00
Name of Vitos	Employer	Occupatio Physicia		
	For: mary General her (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTA	L of Receipts This Page (optional)			890.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 63 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Walter W Mills, MD Mailing Address 3820 Sedgemoore Dr City Santa Rosa FEC ID number of contributing federal political committee.  Name of Employer The Permanente Medical Gr-	State CA C Occupation Physician		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C1288716  Amount of Each Receipt this Period  250.00
oup Receipt For: Primary General Other (specify)	<del>- '                                   </del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD Mailing Address 104 W 5Th Ave Ste 2	200W		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1293052
Spokane FEC ID number of contributing federal political committee.	C	99204-4803	Amount of Each Receipt this Period  250.00
Name of Employer Inland Empire Hospital Se- rvices Associ Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dale C Moquist, MD			Date of Receipt
Mailing Address 14023 Southwest Fw			05 / 17 / 2011
City	State	Zip Code	Transaction ID: C1289123
Sugar Land  FEC ID number of contributing federal political committee.	C	77478-3550	Amount of Each Receipt this Period  100.00
Name of Employer Physicians at Sugar Creek	Occupation Family P		
Receipt For:  Primary General  Other (specify) ▼	<del>_, '</del>	Year-to-Date ▼ 400.00	
	ı		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 63 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Family Phys	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Mary S Nguyen Poole, MD  Mailing Address 5727 Welsch Vw			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City San Antonio  FEC ID number of contributing federal political committee.	State TX	Zip Code 78249-3149	Transaction ID: C1287472  Amount of Each Receipt this Period  365.00
Name of Employer Self-Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Carl Raymond Olden, MD Mailing Address 311 S 72Nd Ave			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yakima FEC ID number of contributing federal political committee.	State WA	Zip Code 98908-1661	Transaction ID: C1287482  Amount of Each Receipt this Period  500.00
Name of Employer Pacific Crest Family Medicine Receipt For:  Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
Full Name (Last, First, Middle Initial) Javette C Orgain, MD  Mailing Address PO BOX 806527			Date of Receipt  0 5 2 2 2 2 0 1 1
City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60680-4126	Transaction ID: C1299507  Amount of Each Receipt this Period  125.00
Name of Employer UNIVERSITY OF ILLINOIS CO- LLEGE OF MEDI Receipt For:  Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
SUBTOTAL of Receipts This Page (optional	l)		990.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 63 (check only one)    X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physici	ians Political	Action Committee	
	Full Name (Last, First, Middle Initial) Daniel J Ostergaard, MD			Date of Receipt
	Mailing Address 14547 S Hagan St			05 01 2011
	City Olathe	State KS	Zip Code 66062-9001	Transaction ID: C1279118
	FEC ID number of contributing federal political committee.	C	00002-9001	Amount of Each Receipt this Period  500.00
	Name of Employer American Academy of Family Physicians	Occupation Vice Pre-		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Tomas P Owens, MD			Date of Receipt
	Mailing Address 3500 Nw 56Th St Ste	100		05 11 2011
	City	State	Zip Code	Transaction ID: C1288160
	Oklahoma City	OK	73112-4517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Integris Health	Occupation Physicia		
	Receipt For:	<del>, ' '                                 </del>	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		365.00	]
	Full Name (Last, First, Middle Initial) Steven Keith Perkins, MD	1		Date of Receipt
	Mailing Address 20 4th Ave Ne			05 12 2011
	City	State	Zip Code	Transaction ID: C1288236
	Waukon	IA	52172-1336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 465.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1		965.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 63   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Physics  American Physics  A	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Steven Keith Perkins, MD			Date of Receipt
Mailing Address 20 4th Ave Ne			05 20 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1289723
Waukon	IA	52172-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 465.00	
Full Name (Last, First, Middle Initial) Marguerite B Picou, MD			Date of Receipt
Mailing Address 907 Parkway Dr # A			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1287383
Natchitoches	LA	71457-5533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Donald Gabriel Polk, DO			Date of Receipt
Mailing Address 114 Sunnyside Ln PO Box 778			05 16 YYYYY
City	State	Zip Code	Transaction ID: C1288677
Columbia	TN	38401-5235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer TEAM HEALTH	Occupation Physician	1	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	250.00	]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 63 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	nd Statements may not be sold or used by any pers to the name and address of any political committee to sicians Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karla Graue Pratt		Date of Receipt
Mailing Address Executive Vice Pre 1050 140th Ave NE		05 11 2011
City <u>Bellevue</u>	State Zip Code WA 98005-2972	Transaction ID: C1288153  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Washington Academy of Family Physician Receipt For:  Primary  General  Other (specify) ▼	Occupation Executive Director  Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Soujanya R Pulluru, MD Mailing Address 3908 Littlestone Ci	r	Date of Receipt  0 5 1 0 2 0 1 1
City	State Zip Code	Transaction ID: C1287359
Naperville  FEC ID number of contributing federal political committee.	IL 60564-5915	Amount of Each Receipt this Period 500.00
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David C Rau, MD	<b>I</b>	Date of Receipt
Mailing Address 4232 N Riverside I	)r	05 03 2011
City Columbus	State Zip Code IN 47203-1121	Transaction ID: C1281779
FEC ID number of contributing federal political committee.	IN 47203-1121	Amount of Each Receipt this Period  250.00
Name of Employer Rau Family Medicine	Occupation Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SURTOTAL of Receipts This Page (option	al)	1115.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 43 / 63 (check only one)    X
A OI	ny information copied from such Reports and for commercial purposes, other than using t	Statements may not be name and address	e sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physi	cians Political Actio	n Committee	
	Full Name (Last, First, Middle Initial) Leonard Daniel Reeves, Reeves			Date of Receipt
	Mailing Address 33 Reynolds Bend D	r SE		05 11 2011
	City Rome		Zip Code 30161-2587	Transaction ID: C1288169
	FEC ID number of contributing federal political committee.	C	30101-2307	Amount of Each Receipt this Period  365.00
	Name of Employer GHSU	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Elisabeth (Lisa) L Righter, Righter			Date of Receipt
	Mailing Address UW Health Fox Valle 229 S Morrison St	ey Family Medici		05 06 YYYY 2011
	City		Zip Code	Transaction ID: C1285218
	Appleton	WI 5	54911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer University of WI School of Med. & Pub.	Occupation Physician		
	Receipt For:	Aggregate Year-	to-Date <b>V</b>	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani, DO			Date of Receipt
	Mailing Address 427 S Mountain Rd			05 06 YYYY 05 06 2011
	City		Zip Code	Transaction ID: C1285219
	Northfield	MA (	01360-9684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Gardner Family Medicine	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
Г				515.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 44 / 63 (check only one)		
_	I EIVIIZED NECEIP 13		Detailed Summary Page	X   11a		
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
_	NAME OF COMMITTEE (In Full)	Dalitical	A - bi			
	American Academy of Family Physicia	ans Political	Action Committee			
١.	Full Name (Last, First, Middle Initial) Dennis F Salisbury, MD			Date of Receipt		
	Mailing Address 805 W Diamond St			05 11 2011		
	City	State	Zip Code	Transaction ID: C1287479		
	Butte	MT	59701-1526	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer Rocky Mountain Clinic	Occupation Physician				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼	0 0	365.00			
- 3.	Full Name (Last, First, Middle Initial) Sarah L Sams, MD	•		Date of Receipt		
-	Mailing Address 2994 Frazell Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C1293051		
	<u>Hilliard</u>	OH	43026-9785	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Grant Medical Center	Occupation Physician				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		500.00			
- ;.	Full Name (Last, First, Middle Initial) Alan I Schwartzstein, MD			Date of Receipt		
	Mailing Address 753 N Main St Dean Oregon Clinic			M M / D D / Y Y Y Y Y O D D D D D D D D D D D D D D		
	City	State	Zip Code	Transaction ID: C1287474		
	Oregon	WI	53575-1003	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Dean Clinic	Occupation Family P				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)		1000.00			
Γ		1		965.00		
-	SUBTOTAL of Receipts This Page (optional)		<u> </u>	- 300.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate so for each catego Detailed Summ	ory of the (check only only)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) George Wm Shannon, MD Mailing Address 2301 Slate Dr  City Columbus FEC ID number of contributing federal political committee.	State Zip Code GA 31906-1443	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 5 28 2011  Transaction ID: C1293057  Amount of Each Receipt this Period  250.00
Name of Employer Horizons Diagnostics  Receipt For:  Primary  Other (specify) ▼	Occupation family physicias  Aggregate Year-to-Date	1250.00
Full Name (Last, First, Middle Initial) Elizabeth Steiner, MD Mailing Address 3181 Sw Sam Jack	sson Park Rd	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1288170
Portland	OR 97239-3011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Oregon Health & Science University Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Initial) Robert J Stenger, MD MPH	•	Date of Receipt
Mailing Address 627 S 5th St W		0 5   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1288664
Missoula	MT 59801-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Providence Health and Ser- vices	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	365.00
SUBTOTAL of Receipts This Page (options	al)	1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physici	Statements may not be sold or used by any persone name and address of any political committee to ans Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Albert M Sterns, MD  Mailing Address 1021 Drexel Pkwy  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer N.W Ala Emerg Phys  Receipt For: Primary General	State Zip Code AL 35209-6001  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C1289720  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) Windel A Stracener, MD  Mailing Address 1050 Reid Pkwy Ste 210  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer Inpatient Management Inc  Receipt For: Primary General	State Zip Code IN 47374-1160  C  Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 0 2 0 1 1  Transaction ID: C1287414  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Ave  City Spokane Valley  FEC ID number of contributing federal political committee.  Name of Employer Rockwood Clinic  Receipt For: Primary General Other (specify)	State Zip Code WA 99216-2167  C  Occupation Physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 2 8 2 0 1 1  Transaction ID: C1293056  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number		1650.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 11a 11b 11b 13	PAGE 47 / 63
or for comme	ion copied from such Reports and Sercial purposes, other than using the F COMMITTEE (In Full)	e name and ad	dress of any political committee to s	for the purpose of solicit	ing contributions
Full Name	an Academy of Family Physici e (Last, First, Middle Initial)	ans Political	Action Committee		
	opert Sullivan, MD ddress 7507 Greenstone Trl			Date of Receipt  M M M / D D  0 5 2 3	2011
City <u>Fort Co</u>	llins	State CO	Zip Code 80525-8407	Transaction ID: C1  Amount of Each Rec	
	number of contributing olitical committee.	C			500.00
<u>ne Resid</u>		Occupatio Physicia			
	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00		
Erica Will	e (Last, First, Middle Initial) iams Swegler, MD	ı		Date of Receipt	
Mailing A	ddress 300 N Rufe Snow Dr			05 10	2011
City		State	Zip Code	Transaction ID: C1	
	umber of contributing olitical committee.	C	76248-4235	Amount of Each Rec	500.00
Name of Self Emp	Employer loyed	Occupatio Physicia			
	or: mary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
	e (Last, First, Middle Initial) names, MD	_		Date of Receipt	
Mailing A	ddress 333 N Santa Rosa Av	е		0 5 1 7	2011
City San Ant	tonio	State TX	Zip Code 78207-3108	Transaction ID: C1	
FEC ID n	umber of contributing olitical committee.	C	76207-5106	Amount of Each Rec	50.00
<u>System</u>	Employer US Santa Rosa Health		n, Residency Program Directo	or	
	for: mary General aer (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
SUBTOTAL	of Receipts This Page (optional)		<b>&gt;</b>		1050.00
TOTAL Thi	is Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 63 (check only one)    X   11a
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physic	cians Political	Action Committee	
ے A.	Full Name (Last, First, Middle Initial) Gabrielle A Vencel Olson, MD			Date of Receipt
	Mailing Address 101 Willmar Ave Sw	01-1-	7's Oads	05 20 2011
	City Willmar	State MN	Zip Code 56201-3556	Transaction ID: C1289726  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30201 0330	365.00
	Name of Employer Affiliated Community Medi- cal Centers	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
_ 3.	Full Name (Last, First, Middle Initial) Mark Alan Ward, MD			Date of Receipt
	Mailing Address 355 Las Vegas St			05 03 7 2011
	City	State	Zip Code	Transaction ID: C1282610
	Morro Bay  FEC ID number of contributing federal political committee.	CA	93442-1548	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
_ ;.	Full Name (Last, First, Middle Initial) Andrew H Weary, MD			Date of Receipt
	Mailing Address 4534 W Gate Blvd Ste 108			05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1287400
	Austin FEC ID number of contributing federal political committee.	C	78745-1470	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	_,	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1230.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 63 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ians Political	Action Committee	
Д. А.	Full Name (Last, First, Middle Initial) Robert L Wergin, MD			Date of Receipt
	Mailing Address 119 S C St	Ctata	7in Codo	05 05 2011
	City Milford	State NE	Zip Code 68405-1802	Transaction ID: C1285213  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00.00	1000.00
	Name of Employer Memorial Health Care, Sew- ard, NE	Occupation MD	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1000.00	
- В.	Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD			Date of Receipt
	Mailing Address 59 Tipton Dr			05 31 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1293078
	<u>Dahlonega</u>	GA	30533-1603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Chestatee Regional Hospit- al	Occupation Physicia		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		1000.00	
c. –	Full Name (Last, First, Middle Initial) Steven M Williams, MD	•		Date of Receipt
	Mailing Address 3255 Bridgeford Rd			05 17 2011
	City	State	Zip Code	Transaction ID: C1289504
	<u>Omaha</u>	NE	68124-2520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Physicians Clinic	Occupation Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 63 (check only one)    X		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Kevin M Wong, MD  Mailing Address 196 Connor Dr			Date of Receipt		
City <u>Jeannette</u>	State PA	Zip Code 15644-1162	Transaction ID: C1288197  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer WPFMA, Ltd  Receipt For: Primary General Other (specify)	Occupatio Physicial Aggregate				
Full Name (Last, First, Middle Initial) Lillian Wu, MD Mailing Address 278 Lind Ave Nw			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: C1287478		
Renton FEC ID number of contributing	FEC ID number of contributing				
federal political committee.  Name of Employer	Occupatio		365.00		
Healthpoint	Family P				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00			
Full Name (Last, First, Middle Initial) C Yurkewycz-Taras, MD			Date of Receipt		
Mailing Address 4123 Copley Rd			05 16 YYYY 2011		
City Copley	State OH	Zip Code	Transaction ID: C1288724		
FEC ID number of contributing federal political committee.	C	44321-1515	Amount of Each Receipt this Period  250.00		
Name of Employer Premier Medical Partners	Occupatio Physicia				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)	1		1115.00		
	only)		51269.17		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 63 (check only one)  11a 11b 11c 12 13 14 X 15 16 17							
	d Statements may not be sold or used by any pers the name and address of any political committee to								
NAME OF COMMITTEE (In Full)									
American Academy of Family Physicians Political Action Committee									
Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt							
Mailing Address 11400 Tomahawk C	Creek Pkwy	05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State Zip Code	Transaction ID: C1291391							
Leawood	KS 66211-2672	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	73.52							
Name of Employer	Occupation								
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2358.07								

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	73.52
TOTAL This Period (last page this line number only)	<b>•</b>	73.52

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 52 / 63								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)								
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b								
Any Information copied from such Reports and Stater											
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	le and address of any political o	committee to soi	icit contributions from such committee								
American Academy of Family Physicians	Political Action Committee	Э									
Full Name (Last, First, Middle Initial)			Transaction ID: D117044								
American Express			Date of Disbursement								
Mailing Address PO Box 53852		$\begin{array}{c c}  & \begin{array}{c c}  & \begin{array}{c c}  & \begin{array}{c}  & \\  & \\  & \end{array} \end{array}$									
City Phoenix	State         Zip Code           AZ         85072-3852		Amount of Each Disbursement this Period								
Purpose of Disbursement Bank card processing fee			26.54								
Candidate Name		Category/ Type									
Office Sought: House Disburs: Senate President	ement For:  Primary General  Other (specify)	71									
State: District:											
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D117045 Date of Disbursement								
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} $								
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period								
Purpose of Disbursement		•	8.45								
Bank card processing fee Candidate Name		Category/ Type									
Office Sought:  House Senate President State:  Disburs:	ement For: Primary General Other (specify)	.,,,,,									
Full Name (Last, First, Middle Initial)			Transaction ID: D117046								
American Express			Date of Disbursement								
Mailing Address PO Box 53852			$\begin{bmatrix} 0.5 & M & 7 & D & D & A & A & A & A & A & A & A & A$								
City Phoenix	State         Zip Code           AZ         85072-3852		Amount of Each Disbursement this Period								
Purpose of Disbursement Bank card processing fee			65.00								
Candidate Name		Category/ Type									
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Туре									
State: District:											
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	99.99								

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE (check on					NUMBER: PAGE 53 /						53 /	63	
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	the	1-	21b 27		22 28a	П	23 28b	$\mathbf{L}$	24 28c		25 29	26 30b	
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NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Action Com	mittee												
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Purpose of Disbursement Bank card processing fee												20.31		
Candidate Name				egory/ ype										
Office Sought: House Disburse Senate President	ment For: Primary General Gen	eral												
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	E NUMBER: PAGE 54 / 63									
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 28c	25 29	26 30b						
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NAME OF COMMITTEE (In Full)												
American Academy of Family Physicians	Political Action Committee											
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Mailing Address PO Box 53852		05 16 7 2011										
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Candidate Name		Category/ Type										
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)											
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 55 / 63					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				E NUMBER: PAGE 56 / 63								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- 1-	X 21b	Ė	22 28a	Н	23 28b	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	4 8c		25 29	П	26 30b
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NAME OF COMMITTEE (In Full)  American Academy of Family Physicians	Political Action Committe	е											
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NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Act	ion Committee	Э											
Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 53852							Trans Date o		sburs		nent		žož	1 Y
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	y Information copied from such Reports and S for commercial purposes, other than using the								
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	American Academy of Family Physici	ans Political Action Committee							
	Full Name (Last, First, Middle Initial)			Transaction ID:	D117043				
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NAME OF COMMITTEE (In Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS  Mailing Address PO Box 1437  City Gallatin TN 37066  Full Name (Last, First, Middle Initial) Purpose of Disbursement Campaign contribution Candidate Name Rep. Diane Black  City Washington  City Washington  City City Washington  City City State President State: MI District: 15 Full Name (Last, First, Middle Initial) Full Na	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25 :
NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS  Mailing Address PO Box 1437  City Gaillatin Transaction ID: D116339 Date of Disbursement  0 5				
DIANE BLACK FOR CONGRESS  Mailing Address PO Box 1437  City State Zip Code Gallatin TN 37066  Gallatin TN 37066  Purpose of Disbursement Campaign contribution  Candidate Name President Senate President Other (specify) ▼  City Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  JOHN D. DINGELL FOR CONGRESS  Mailing Address 607 14th Street, NW  City State Zip Code DC 20005  Purpose of Disbursement Campaign contribution  Candidate Name Rep. John D. Dingell  First, Middle Initial)  Office Sought: X House Disbursement For: 2012  Amount of Each Disbursement No. 2012  Category' Po 3 ' Y 2 0 1 1 1  Transaction ID: D116347  Date of Disbursement No. 2012  Amount of Each Disbursement 1000.00  Amount of Each Disbursement 1000.00  Transaction ID: D116347  Date of Disbursement No. 2012  Category' Po 3 ' Y 2 0 1 1 1  Transaction ID: D116348  District: 15  Full Name (Last, First, Middle Initial)  FLEMING FOR CONGRESS  Mailing Address PO Box 1236  City State Zip Code Disbursement No. 2012  City State Name Rep. John Fleming  Office Sought: X House Disbursement For: 2012  Senate President State: X Primary General Disbursement No. 2012  X Primary General Disbursement Disbursement No. 2012  X Primary General Disbursement No. 2012  X Primary General Disbursement No. 2012  Category' Type  Office Sought: X House Disbursement For: 2012  X Primary General Disbursement No. 2012  X Primary Gene	NAME OF COMMITTEE (In Full)			
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Senate President State: TN District: 06  Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS  Mailing Address 607 14th Street, NW  City Washington DC 20005  Purpose of Disbursement Campaign contribution Candidate Name Rep. John D. Dingell Office Sought: X House President State: MI District: 15  Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS  Mailing Address PO Box 1236  City State Zip Code Category/ Type  Disbursement For: 2012 X Primary General Disbursement Other (specify) ▼  Transaction ID: D116347 Date of Disbursement this Pe Category/ Type  Transaction ID: D116348 Date of Disbursement this Pe Disbursement For: 2012  Amount of Each Disbursement this Pe Disbursement For: 2012  Amount of Each Disbursement this Pe Date of Disbursement District: 15  City State Zip Code LA 71058-1236  City State Zip Code LA 71058-1236  City Category/ Type  Office Sought: X House Senate Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming  Office Sought: X House Senate President Disbursement For: 2012 X Primary General Category/ Type  Office Sought: X House Senate President Disbursement For: 2012 X Primary General Category/ Type  Other (specify) ▼	Rep. Diane Black			
Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS  Mailing Address 607 14th Street, NW  City Washington DC 20005  Purpose of Disbursement Campaign contribution Cardidate Name Rep. John D. Dingell  Office Sought: X House Senate President State: MI District: 15  Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS  Mailing Address PO Box 1236  City Minden LA 71058-1236  Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming  Office Sought: X House Senate Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming  Office Sought: X House Senate Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming  Office Sought: X House Senate Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming  Office Sought: X House Senate Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming  Office Sought: X House Senate Purpose of Disbursement For: 2012 X Primary General Purpose of Disbursement For: 2012	Senate President	X Primary General		
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$\rangle$	American Academy of Family Ph	ysicians Polit	ical A	ction Committe	ee							
	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS						Date	of Disbu	D: D110	6343		
	Mailing Address PO Box 12667						0 5	M / [	03	Ý Ž O	111	
	City Bakersfield	State CA	)	Zip Code 93389			Amou	nt of Ea	ch Disburs		-	riod
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Family Physician	s Political Action Com	nittee		
	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTED	EE			Transaction ID: D116980 Date of Disbursement
	Mailing Address P.O. Box 8331				05
	City Fremont	State Zip Code CA 94537			Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign contribution				2500.00
	Candidate Name Rep. Pete Stark			tegory/ ype	
	Senate President	x Sement For: 2012 X Primary General Control C	əral		
	State: CA District: 13  Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO				Transaction ID: D116984 Date of Disbursement
	Mailing Address 12 TRUMBULL STREE	ΞΤ			05 / 25 / 2011
	City NEW HAVEN	State Zip Code CT 06511			Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign contribution				2500.00
	Candidate Name Rep. Rosa DeLauro			tegory/ ype	
	Office Sought:  X House Senate President  State: CT District: 03	x Sement For: 2012 X Primary General Other (specify)	əral		
	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS				Transaction ID: D116982 Date of Disbursement
	BEGEN WITH ON GOTTAINEGG				05 D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address P.O. Box 261060				05 25 2011
	Mailing Address P.O. Box 261060  City	State Zip Code CA 90026			Amount of Each Disbursement this Period
	Mailing Address P.O. Box 261060  City Los Angeles  Purpose of Disbursement Campaign contribution				
	Mailing Address P.O. Box 261060  City Los Angeles  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Xavier Becerra	CA 90026	_   T	tegory/ Type	Amount of Each Disbursement this Period
	Mailing Address P.O. Box 261060  City Los Angeles  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Xavier Becerra		Т		Amount of Each Disbursement this Period

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City WASH Purpos Campa	HINGTOI e of Disbu			VE SUIT			Date of Disbursement
WASH Purpos Campa	e of Disbu	١	0.		E 110		05 25 7 2011
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Oπice s	-	House  X Senate  President	X	ent For: Primary Other (spe	General		
Full Na	me (Last,	District: 00 First, Middle Initial) MAX BAUCUS					Transaction ID: D116979 Date of Disbursement
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City HELEI	NA			ate 1T	Zip Code 59624		Amount of Each Disbursement this Perio
	e of Disbu ign contrib						2500.00
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Office S		House X Senate President District: 00		ent For: Primary Other (spe	2014 X General ecify) ▼		
		First, Middle Initial) SENATE					Transaction ID: D116346 Date of Disbursement
Mailing	Mailing Address PO BOX 2012						05 03 7 2011
City PORT	LAND			ate 1E	Zip Code 04104		Amount of Each Disbursement this Perio
Campa	e of Disbu ign contrib						5000.00
Sen. C		J. Snowe	1			Category/ Type	
Office	Sought:	House X Senate President	1	ent For: Primary Other (spe	2012 General		
State: I	ME	District: 00		( - I	<i>→</i>		

9	CHEDULE B (FEC Form 3X)		LEGRUNIE	NUMBER DAGE 00 / 00
	,	Use separate schedule(s)	(check only	NUMBER: PAGE 63 / 63
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	☐ 22
		Detailed Summary Fage	27	28a 28b 28c 29 30b
	y Information copied from such Reports and Stat for commercial purposes, other than using the na	•		
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Family Physicians	Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: D116341
	BLUE DOG POLITICAL ACTION COMM	ITTEE		Date of Disbursement
				05 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 236 Massachusetts Av Ste 508	e NE		05 03 2011
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20002-4980		5000.00
	Purpose of Disbursement	l r		5000.00
	Campaign contribution			
	Candidate Name		Category/ Type	
	Office Sought: House Disbut	sement For:		
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:	<u> </u>		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<b>—</b>	34500.00